

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/529857**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		①		
3		1		②		
4		1		③		
5		2		④		
6		⑤		⑤		
7		⑥		⑥		
8		⑦		⑦		
9		⑧		⑧		
10		1		⑨		
11			1			
12				1		
13				1		
14				⑩		
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	14	←		←
TOTAL CLAIMS			15			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						